06775

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co — MARYLAND Easton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Dorch
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) bay (Last) Apple
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5/31/52
9. AGE last birthday yrs. — If under 1 year: Months, Days 2 days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Apple
14. MOTHER'S MAIDEN NAME Margaret Horsman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr Joseph Apple

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1952, to 6/2, 1952 that I last saw the deceased alive on 6/2, 1952 and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson (Degree or title) MD. — ADDRESS Federalsburg, Md. — DATE SIGNED 6/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6/3/52 — NAME OF CEMETERY OR CREMATORY Sharptown — LOCATION (City, town, or county) Sharptown (State) Md
DATE REC'D BY LOCAL REG. 6/2/52 — REGISTRAR'S SIGNATURE N. H. Neerus — 24. FUNERAL DIRECTOR Paul J. Smith — ADDRESS Sharptown, Md

2052301405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6776

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - EASTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS "TEAL POINT"

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY TALBOT
CITY (If outside corporste limits, write RURAL and give nearest town) OR TOWN RURAL - EASTON
STREET ADDRESS (If rural give location) "TEAL POINT"

3. NAME OF DECEASED: (First) NORTH (Middle) EMORY (Last) BARTLETT

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER

8. DATE OF BIRTH: MAY 16 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): VICE PRES.

10b. KIND OF BUSINESS OR INDUSTRY: PENNA. SALT CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT EMORY BARTLETT

14. MOTHER'S MAIDEN NAME: ANNIE NORTH EMORY BARTLETT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 201-03-5730

17. INFORMANT & ADDRESS: MRS. HENRY LOCKHART, "TEAL POINT" EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Carcinoma of Colon — Interval Between Onset And Death: 2 yr. +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

159X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/31/52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of colon with pelvic metastases

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1947, to June 7, 1952, that I last saw the deceased alive on 6/7, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. V. Palmer M. D. Easton 6/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF JUNE 10 1952

NAME OF CEMETERY OR CREMATORY SPRINGHILL CEMETERY

LOCATION (City, town, or county) (State) EASTON, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 6/8/52

REGISTRAR'S SIGNATURE N. A. Morris

24. FUNERAL DIRECTOR W. Hampton Caudle Jr. ADDRESS EASTON, MD.

RECEIVED
JUN 13 1952
BUREAU V. S.

06777

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 37 days 14 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 15 Vine Street

3. NAME OF DECEASED (Type or Print) (First) Sherman (Middle) (Last) Benny
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1952

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 14, 1891
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Printing
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Mr William J Benny
14. MOTHER'S MAIDEN NAME Margaret Ann Elm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Beatrice B. Barber — 15 Vine Street Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 weeks
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	2 yrs
(141X)	(c) Arteriosclerosis, generalized	10 yrs?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of tongue

19a. DATE OF OPERATION Feb 1952
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Tongue
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1955, to 6/22/1952 that I last saw the deceased alive on 6/21/, 1952, and that death occurred at 5 10 a m., from the causes and on the date stated above.

SIGNATURE B Cox M.D. (Degree or title) ADDRESS Easton Md. DATE SIGNED 6/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 25
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 6/22/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR M. E. Newnam Hon ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural — LENGTH OF STAY (in this place) all of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Alexander (Last) Brice

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 8-1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 1 Days 26 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Easton Md. Rural

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Brice

14. MOTHER'S MAIDEN NAME: Rachel Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mitton Brice, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 day
42011 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Heart Disease	several yrs.
	DUE TO (c) Arteriosclerosis	yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION: no — **19b. MAJOR FINDINGS OF OPERATION:** no — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no — (CITY OR TOWN) no — (COUNTY) no — (STATE) no

TIME OF INJURY (Month) (Day) (Year) (Hour) no M. — INJURY OCCURRED While at work ☐ Not while at work ☐ no — HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from June 2, 1952, to June 3, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE A. McC. Stevens (DEGREE OR TITLE) M. D. ADDRESS Easton Maryland — DATE SIGNED 6-5-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF June 6-52 — NAME OF CEMETERY OR CREMATORY New Chapel Cemetery — LOCATION (City, town, or county) Easton, (Rural), (State) Md.

DATE REC'D BY LOCAL REG. 6/4/52 — REGISTRAR'S SIGNATURE N. D. Nevett — **24. FUNERAL DIRECTOR** John D. Williams — ADDRESS Easton, Md.

RECEIVED
JUN 10 1952
BUREAU U. S.

06779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Helen (Middle): Olivia (Last): Coulbourne
4. DATE OF DEATH (Month): June (Day): 29 (Year): 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: Oct. 26-1879
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Miller
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: W.H.T. Coulbourne - St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca of Pancreas — Interval Between Onset and Death: 8 mo.

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 52
19b. MAJOR FINDINGS OF OPERATION: Ca of Pancreas.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1952, to ....., 19....., that I last saw the deceased alive on 6-19, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Easton Md DATE SIGNED: 6-30-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: July 2-1952 — NAME OF CEMETERY OR CREMATORY: Easton Cemetery — LOCATION (City, town, or county): Easton - Talbot (State): Md.

DATE REC'D BY LOCAL REG.: July 1-62 — REGISTRAR'S SIGNATURE: Mrs Robt L. Seth — 24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUL 24 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.; MARYLAND; LENGTH OF STAY (in this place) 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) B. (Last) Felton

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-9-1898

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Harris

14. MOTHER'S MAIDEN NAME: Sallie Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: David Felton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ? Cerebrovascular accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cholecystectomy

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 18 1952

19b. MAJOR FINDINGS OF OPERATION: Acute Cholecystitis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to June 20, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 9.45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter B. Coil M.D. Easton, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/24/52

NAME OF CEMETERY OR CREMATORY: Bethlehem Cem

LOCATION (City, town, or county) (State): Bethlehem Md

DATE REC'D BY LOCAL REG. 6/21/52

REGISTRAR'S SIGNATURE: M. H. Nevins

24. FUNERAL DIRECTOR ADDRESS: Leland Moore Tilghman Md

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (in this place) 2 days 12 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annetta (Middle) (Last) Gibson

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: ?

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr John W Jarne

14. MOTHER'S MAIDEN NAME: Melyne Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Lydia E Jones (Tilghman)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Post Operative death — Interval between onset and death: 15 hrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Gangrene — 6 mos.

422.1 260 X (c) Arteriosclerotic Cardio-Vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to June 28 1952, that I last saw the deceased alive on June 28, 1952 and that death occurred at 2 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederick W Dick M.D. Easton, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/30/52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6/29/52

REGISTRAR'S SIGNATURE M. A. Nevins

24. FUNERAL DIRECTOR ADDRESS

Tilghman Md

RECEIVED
JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-9-0

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) MARYLAND 7 hrs. 40 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Janet (Middle) Joanette (Last) Haddaway

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 12 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Benjamin Jones

14. MOTHER'S MAIDEN NAME: Margaret Lazzimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Beulah Phillips Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro Vascular Accident — Interval Between Onset and Death: 24 hrs

Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Left Hemiplegia — 24 hrs

(c) Hypertension Cardio Vascular Renal — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1952, to 6-12, 1952, that I last saw the deceased alive on 6-11, 1952, and that death occurred at 3.40 A.m., from the causes and on the date stated above.

SIGNATURE: W. F Buell (Degree or title) Md ADDRESS Easton Md DATE SIGNED 6-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/14/52; NAME OF CEMETERY OR CREMATORY: Neavitt Cemetery; LOCATION (City, town, or county) (State): Neavitt Md

DATE REC'D BY LOCAL REG.: 6/10/52; REGISTRAR'S SIGNATURE: M. B. Norris

24. FUNERAL DIRECTOR: W Hamilton Harrison; ADDRESS: St. Michaels Md

RECEIVED
JUN 17 1952
BUREAU

Items 9 & 18 Film G145 7-24-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co; Easton MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) Appox 1 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md; STREET ADDRESS (If rural, give location) 141 Vine Street

3. NAME OF DECEASED (Type or Print): (First) Clifford; (Middle); (Last) Haythe

4. DATE OF DEATH: (Month) June; (Day) 26; (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: 18 ? yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: M. E. Neuman & Son - Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heat Stroke — Interval Between Onset and Death: 30 min

931.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Over Exposure in sun & full light — 8 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

SIGNATURE: Frederick William Dick (Degree or title) M.D. ADDRESS: Easton, Md DATE SIGNED: 6-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: June 28 1952; NAME OF CEMETERY OR CREMATORY: City Morgue; LOCATION (City, town, or county) (State): Balto, Md

DATE REC'D BY LOCAL REG.: 6/27/52; REGISTRAR'S SIGNATURE: N. L. Norris; FUNERAL DIRECTOR: Theodore E. Eyerman & Son; ADDRESS:

VS. A-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Coppers-Vile — LENGTH OF STAY (In this place): 57 Rs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD EASTON

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Coppersville, Md.
STREET ADDRESS (If rural, give location): RFD EASTON

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Westey Jenkins
4. DATE OF DEATH (Month) (Day) (Year): June 7 1952
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-5-1899
9. AGE last birthday: 53 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William Jenkin
14. MOTHER'S MAIDEN NAME: Florence Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World war I
16. SOCIAL SECURITY No.: 213-22-8826
17. INFORMANT AND ADDRESS: John Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2nd + 3rd degree burn entire body

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): yard — (CITY OR TOWN): nr. Royal Oak — (COUNTY): Talbot — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 6 7 52 CTA m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? cigarette in car - fell asleep - cars burned

22. I hereby certify that I attended the ~~deceased from~~ DM, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Louis Whaty MD. — (Degree or title): DMe — ADDRESS: Easton Md — DATE SIGNED: 6-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-15-52 — NAME OF CEMETERY OR CREMATORY: Royal Oak Cemetery — LOCATION (City, town, or county): Royal Oak — (State): Md.

DATE REC'D BY LOCAL REG.: 6/10/52 — REGISTRAR'S SIGNATURE: N.H. Neerus — 24. FUNERAL DIRECTOR: James B. Dashiell, Easton, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 13 1952
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 5 3/4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Federalsburg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural, give location): River view Hotel

3. NAME OF DECEASED (Type or Print): (First) Linaweaver (Middle) William Henry (Last) Linaweaver Mr. Wm Henry
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4-12-21
9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Op. Nylon Plant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fred Linaweaver
14. MOTHER'S MAIDEN NAME: Mary Ford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Mrs Mary Eva Linaweaver, 111 Greenridge Road - Fed. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hi way — (CITY OR TOWN): Mr. Greensboro — (COUNTY): Caroline — (STATE): Md
TIME OF INJURY: (Month) 6 (Day) 28 (Year) 52 (Hour) c10:38 p m
INJURY OCCURRED: While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from 6-28, 1952, to 6-29, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE: Louis Whitty MD. — (Degree or title): D.M.C. — ADDRESS: Easton Md — DATE SIGNED: 6-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/2/52 — NAME OF CEMETERY OR CREMATORY: Hill Crest — LOCATION (City, town, or county): Federalsburg — (State): Md

DATE REC'D BY LOCAL REG.: 6/30/52 — REGISTRAR'S SIGNATURE: N H Neeres

24. FUNERAL DIRECTOR: J. J. Frampton Son — ADDRESS: Federalsburg Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 111 N. Higgins St.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) Matthews
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W.	Married	3/22/74	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer / Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Josiah Matthews
14. MOTHER'S MAIDEN NAME: Mary Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Mary Anna Butler 111 N Higginsville Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Arteriosclerosis	1 mo.
331.X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Generalized	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to 6/8, 1952, that I last saw the deceased alive on 6/7, 1952, and that death occurred at 7:35 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shepard Kiser Jr	M.D.	Easton	6/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 11 1952	Spring Hill	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/52	N.B. Neeves	[illegible]	[illegible]

RECEIVED
JUN 17 1952
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY West Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location) 414 W. 21 st. st.

3. NAME OF DECEASED (Type or Print) (First) Homer (Middle) (Last) McClusky
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1952
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1912
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Factory Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Raymond McClusky
14. MOTHER'S MAIDEN NAME Minnie Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Mida Lange Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Laceration of brain

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY hiway (CITY OR TOWN) Rt. 213 S. of Unionville (COUNTY) Q.A. (STATE) Md
TIME OF INJURY (Month) 6 (Day) 22 (Year) 52 (Hour) 10 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined* d. 8:35 A.M. 6-23-52

SIGNATURE Louis Schultz MD (Degree or title) D.M.E. ADDRESS Easton Md DATE SIGNED 6-23-52

23. MURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/26/52
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) Pontiac (State) Mich
DATE REC'D BY LOCAL REG. 6/24/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

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JUL 1 1952
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. Albert (Middle) (Last) McGee
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH June 30, 1902
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr. Clarence McGee
14. MOTHER'S MAIDEN NAME Frances Rodgers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Evelyn McGee (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 day
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 yrs?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 6/8/, 1952 that I last saw the deceased alive on 6/8/, 1952, and that death occurred at 9:17 PM m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 6/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 11, 52
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 6/9/52
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

RECEIVED
JUN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) W. (Last) McQuay
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 17, 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Mr William T. Leonard
14. MOTHER'S MAIDEN NAME Elizabeth Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mrs Gladys Moses H.J. Cape May.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Sudden Death due to unknown cause	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Common Duct Stone c̄ Obstruction Jaundice	3 mos.
	(c) Carcinoma of head of pancreas	3 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6/12/52
19b. MAJOR FINDINGS OF OPERATION Cholecystitis - Cholelithiasis (3) Choledocholithiasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1952 to 6-23, 1952 that I last saw the deceased alive on June 23, 1952, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE Frederick W. Dick, M.D. (Degree or title) ADDRESS Easton, Md. DATE SIGNED 6/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-26-1952
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REG. 6/24/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 talbot St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Md.
STREET ADDRESS (If rural, give location) 207 talbot st.

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) E. (Last) Miles

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-18-1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pratical Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nurse
11. BIRTHPLACE (State or foreign country) St. Michaels, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry E. Downs
14. MOTHER'S MAIDEN NAME Florence Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Florence Kelly - Philadelphia Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1952, to 6/8, 1952, that I last saw the deceased alive on 6/8, 1952 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hayward T. Webb, M.D. ADDRESS DATE SIGNED June 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-11-52
NAME OF CEMETERY OR CREMATORY Richardson Cemetery
LOCATION (City, town, or county) Easton, Md. (State)

DATE REC'D BY LOCAL REG. June 11/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR James B. Doshiell, Easton Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

JS. A15

RECEIVED
JUN 16 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON — LENGTH OF STAY (In this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St Michaels
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Harry (Middle): John (Last): Parks
4. DATE OF DEATH (Month): June (Day): 8 (Year): 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 1918
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Yard Unskilled Labarer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Michaels Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HARRY W. PARKS
14. MOTHER'S MAIDEN NAME: ANNA WESLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WAR. II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Carrol Seymour St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Laceration of brain

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hiway in Trappe — (CITY OR TOWN) — (COUNTY): Talbot — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 6 8 52 1 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Car in which riding struck by another

22. I hereby certify that I attended ~~the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Louis Whitty MD — (Degree or title): DME — ADDRESS: Easton Md — DATE SIGNED: 6-8-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 6/10/52
NAME OF CEMETERY OR CREMATORY: Clint Cemetery
LOCATION (City, town, or county): St. Michaels — (State): Md

DATE REC'D BY LOCAL REG.: 6/10/52
REGISTRAR'S SIGNATURE: N. H. Neeries
24. FUNERAL DIRECTOR: J. Hamilton Harrison — ADDRESS: St. Michaels

RECEIVED
JUN 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Alpheus (Last) Price

4. DATE OF DEATH: (Month) June (Day) 17th (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH:
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Accountant
11. BIRTHPLACE (State or foreign country): Millington Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Price
14. MOTHER'S MAIDEN NAME: Catherine Whitting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Ruth Price (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed.

420.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 6A m., from the causes and on the date stated above.

SIGNATURE Louis Whitty MD. D Me. (DEGREE OR TITLE) ADDRESS Easton Md DATE SIGNED 6-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 21st 52
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. 6/18/52
REGISTRAR'S SIGNATURE N. H. Neeries Jr.
24. FUNERAL DIRECTOR Virgil Moore & Son, Denton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County — MARYLAND Easton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr (Middle) John (Last) Thomas Roe 3
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1952 — Dec. 8 45 pm

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 7/30/1924
9. AGE last birthday 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wye Mills, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Thomas Roe Jr.
14. MOTHER'S MAIDEN NAME Kathryn Blakesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216.14.9795
17. INFORMANT AND ADDRESS Frankes S. Roe - Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation by illuminating gas

(2) X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home — (CITY OR TOWN) Easton — (COUNTY) Talbot — (STATE) Md
TIME OF INJURY (Month) 6 (Day) 1 (Year) 52 (Hour) 8 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? in closed kitchen c̄ gas stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐*

SIGNATURE Louis Wetty MD — (Degree or title) DME — ADDRESS Easton Md — DATE SIGNED 6-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6/3/52 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton — (State) Md

DATE REC'D BY LOCAL REG. 6/2/52 — REGISTRAR'S SIGNATURE N. A. Neeries — 24. FUNERAL DIRECTOR [illegible] — ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15A

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY: TALBOT — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL - EASTON
LENGTH OF STAY (in this place): 35 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NONE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: TALBOT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL - EASTON
STREET ADDRESS (If rural give location): LONGWOODS - CHAPEL ROAD

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HUTCHISON (Last) SCHALL
4. DATE OF DEATH: (Month) JUNE (Day) 14 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: AUG. 30 1875
9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months 9, Days 14 — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM OWNER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY B. SCHALL
14. MOTHER'S MAIDEN NAME: ELIZA CRUTHERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: 215-20-2400
17. INFORMANT & ADDRESS: IDA MARY SCHALL, EASTON, R.D. #2, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Pulmonary Edema — Interval Between Onset And Death: hrs

353.3

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 6-14, 1952, that I last saw the deceased alive on 6-13, 1952, and that death occurred at 5:30 am, from the causes and on the date stated above.
SIGNATURE: W. F. Burell (Degree or title) MD — ADDRESS: Easton Md — DATE SIGNED: 6-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: JUN. 16 1952
NAME OF CEMETERY OR CREMATORY: GREENMOUNT CEMETERY
LOCATION (City, town, or county) (State): HILLSBORO, MARYLAND
DATE REC'D BY LOCAL REGISTRAR: 6/15/52
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: W. Frampton Carroll, Jr., ADDRESS: EASTON, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

RECEIVED
JUN 20 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mason (Middle) Howard (Last) Sheffield
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 11, 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consulting Engineer
10b. KIND OF BUSINESS OR INDUSTRY Dept. City of N.Y.
11. BIRTHPLACE (State or foreign country) Mystic Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frank H. Sheffield
14. MOTHER'S MAIDEN NAME Mary Ann Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 182-24-7461
17. INFORMANT AND ADDRESS Mrs. Elsie Thorp Sheffield, Oxford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1952, to 6/28, 1952, that I last saw the deceased alive on 6/28, 1952 and that death occurred at 11 25 p. m., from the causes and on the date stated above.

SIGNATURE Shepard Keck Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 6/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 1, 1952 NAME OF CEMETERY OR CREMATORY Elmgrove Cemetery LOCATION (City, town, or county) Mystic (State) Conn

DATE REC'D BY LOCAL REG. 6/29/52 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

RECEIVED
JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) Skinner
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 16 – 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: James H. Skinner
14. MOTHER'S MAIDEN NAME: Georgianna Gardner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Virginia Gardner, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute parenchymatous — INTERVAL BETWEEN ONSET AND DEATH 3 mo.
DUE TO
Antecedent cause(s) (b) Nephritis — due to Exhaust — Hoarse
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c) 3 mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to June 21, 1952 that I last saw the deceased alive on June 21, 1952, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE Haynard T. Webb (DEGREE OR TITLE) MD. ADDRESS Easton, Md. DATE SIGNED 6/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 23-1952
NAME OF CEMETERY OR CREMATORY New Chapel Cemetery
LOCATION (City, town, or county) Easton, Rural (State) Md.
DATE REC'D BY LOCAL REG. 6/22/52
REGISTRAR'S SIGNATURE N. H. Nevius
24. FUNERAL DIRECTOR John D. Williams, Easton, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 25 1952
BUREAU OF S

97

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AM

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON — LENGTH OF STAY (in this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: EASTON MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DENTON
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): LAVERTY STEELE
4. DATE OF DEATH (Month) (Day) (Year): JUNE 25 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1/27/1890
9. AGE last birthday: 62 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Lt. & Power Co.
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAME: Thomas Steele
14. MOTHER'S MAIDEN NAME: Hannah Davison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Laverty Steele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19 , that I last saw the deceased alive on , 19 , and that death occurred at 8:05 p.m., from the causes and on the date stated above.

SIGNATURE: Frederick W. Dick (Degree or title) M. D. — ADDRESS: Easton, Md. — DATE SIGNED: June 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: June 1952 — NAME OF CEMETERY OR CREMATORY: Cool Spring Del. — LOCATION (City, town, or county) (State): Cool Spring Del.

DATE REC'D BY LOCAL REG.: 6/26/52 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Easton, Md.

RECEIVED
JUN 2 1952
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Rural
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova R1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Stinson
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 13, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days ~~Hours~~ IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Grain Farming
11. BIRTHPLACE (State or foreign country): Whitwick Leicestershire England
12. CITIZEN OF WHAT COUNTRY? W.S.A.
13. FATHER'S NAME: William Stinson
14. MOTHER'S MAIDEN NAME: Annie Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Handley Stinson, Trappe Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Metastatic carcinoma of the liver — INTERVAL BETWEEN ONSET AND DEATH more than six mos.
151X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Carcinoma of the stomach — same
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 23, 1952
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of the stomach
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.
SIGNATURE Kurt Lederer (DEGREE OR TITLE) M.D. ADDRESS Queen Anne DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 27, 52
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Hillsboro (State) Md.
DATE REC'D BY LOCAL REG. 6/26/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR John D. Williams, ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 6 hrs. 35 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Queen Anne County COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Thomas

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 4, 1873
9. AGE last birthday 78 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Mr Samuel Thomas
14. MOTHER'S MAIDEN NAME Jennie Trymes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 222-07-5681
17. INFORMANT AND ADDRESS Mrs Ina Thomas

18. MEDICAL CERTIFICATION

222-07-5681

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	14 hrs.
120.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	6 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to June 16, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 1:30 A.M. m., from the causes and on the date stated above.

SIGNATURE Frederick W. Dick, M.D. (Degree or title) ADDRESS Easton, Md. DATE SIGNED June 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/18/52
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. 6/17/52
REGISTRAR'S SIGNATURE N. H. Neeree
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1952
BUREAU OF

06800

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton - Rural. Miles River Neck
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carroll (Middle) (Last) Warner

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH

9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Tenant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Talbot Co

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm. Thos. Warner

14. MOTHER'S MAIDEN NAME Carrie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Mrs. W. T. Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound of head.

976x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shot gun. In mouth

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 8:45 A.M. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Self Inflicta.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. T. Kinnamon M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/25/52

NAME OF CEMETERY OR CREMATORY Matthewstown

LOCATION (City, town, or county) Matthewstown (State) Md

DATE REC'D BY LOCAL REG. 6/23/52

REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Cawthorn

ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 12 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06801

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Wright

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: unknown

9. AGE last birthday: about 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Garrison Henry

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Lydia Jones Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: hrs

4201

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Hypertension Cardio Vascular Disease — yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Blindness

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1949, to 6-17, 1952, that I last saw the deceased alive on 6-17, 1952, and that death occurred at 12 mid m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) [illegible] ADDRESS Easton Md DATE SIGNED 6/17/52

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF June 18, 1952 NAME OF CEMETERY OR CREMATORY Trappe Old Fellows LOCATION (City, town, or county) Trappe, Md. (State)

DATE REC'D BY LOCAL REG. 6/17/52

REGISTRAR'S SIGNATURE N. H. Neeries

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

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RECEIVED
JUN 20 1952
BUREAU V. S.